MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. **09/720754**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.

(Grid of claims 1–100, largely blank. As Filed totals: TOTAL IND. 8, TOTAL DEP., TOTAL CLAIM 2...)

PTO-1: (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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